

### 1.4.1.2 Nursing Civil Service Staff Onboarding

#### (a) Policy

- (1) California Correctional Health Care Services (CCHCS) shall provide all newly hired civil service Registered Nurses (RN), Licensed Vocational Nurses (LVN), Psychiatric Technicians (PT), Certified Nursing Assistants (CNA), Office Technicians (OT), and Medical Assistants (MA), who provide clinical and/or support services in California Department of Corrections and Rehabilitation (CDCR) institutions with orientation and training (Nursing Civil Service Staff Onboarding) that is relevant to the job duties for each classification.
- (2) An abbreviated onboarding plan shall be developed for CDCR civil service nursing staff who are transferring from another CDCR institution that takes into account the onboarding, clinical competency, and professional performance evaluations conducted and the training provided for that staff at another institution.
- (3) Nothing in this policy and procedure shall be construed as altering existing laws and regulations governing nursing staff scope of practice, probationary periods in civil service, or the provisions of any applicable bargaining unit contract.

#### (b) Purpose

To establish a comprehensive and standardized Nursing Civil Service Staff Onboarding process that:

- (1) Promotes consistency and standardization among all institutions statewide regarding minimum onboarding expectations for new civil service nursing staff employees.
- (2) Supports civil service nursing staff with relevant orientation and training by experienced subject matter experts during the probationary period.
- (3) Facilitates adherence with applicable scopes of practice, standards of practice, and CDCR/CCHCS standards.
- (4) Promotes job satisfaction while enhancing nursing staff effectiveness and efficiency.

#### (c) Applicability

This policy and procedure applies to all newly hired or transferring civil service nursing staff who are employed by CDCR who are performing services within or for CDCR institutions.

#### (d) Responsibility

##### (1) Statewide

The Statewide Chief Nurse Executive (CNE) is responsible for statewide planning, implementation, and evaluation of this policy and procedure.

##### (2) Regional

Regional CNEs are responsible for the implementation of this policy and procedure at the subset of institutions within an assigned region.

##### (3) Institutional

- (A) The Institutional CNE is responsible for ensuring the implementation of the Nursing Civil Service Staff Onboarding Plan.
- (B) All new nursing staff are responsible for actively participating in and completing the standardized onboarding process including classroom orientation and on-the-job training and support during the probationary period.
- (C) The Supervising Registered Nurse (SRN) III and/or II, and/or the Unit Supervisor (US), as appropriate, in coordination with the Nurse Instructor (NI), is responsible for validating successful completion of the Nursing Civil Service Staff Onboarding and Competency Checklists.

#### (e) Procedure

##### (1) Orientation and On-the-Job Support during the Probationary Period

- (A) The SRN III and/or II, or US, and NI shall individualize the Nursing Civil Service Staff Onboarding Plan, utilizing the [Nursing Civil Service Staff Onboarding Plan Template](#), located on the Nursing Services Resources Lifeline page under the Forms tab. Staff shall follow the plan during at least the initial three months of employment.
- (B) The SRN III and/or II, or US, NI, and appropriate subject matter expert shall use the [Nursing Civil Service Staff Onboarding and Competency Checklist-Nursing Services Topics](#), and the [Nursing Civil Service Staff Onboarding and Competency Checklist-General and Non-Nursing Topics](#), and implement the Nursing Civil Service Staff Onboarding Plan to ensure each newly hired staff completes, at a minimum, 12 weeks of formal orientation and training (herein referred to as “onboarding”). See the [Sample Nursing Civil Service Staff Onboarding Plan](#), for examples on how to complete a Nursing Civil Service Staff Onboarding Plan. The

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Checklists and the Sample Onboarding Plan are located on the Nursing Services Resources Lifeline page under the Forms tab.

- (C) The plan shall include, at a minimum, the following:
1. Initial introduction to the institution including:
    - a. Human Resources and Information Technology departments.
    - b. Overview of the institution's missions and physical layout.
    - c. Overview of the new employee's work space.
    - d. Issuance of the new employee's identification card and other essential work items.
  2. Institution-based onboarding covering the designated topics specified in the [Nursing Civil Service Staff Onboarding and Competency Checklist–Nursing Services Topics](#), and [Nursing Civil Service Staff Onboarding and Competency Checklist–General and Non-Nursing Topics](#).
  3. Non Custody New Employee Orientation to be completed by all employees. This training is composed of classroom and computer based modules. The classroom portion is provided by the institution's In-Service Training Office.
  4. Nursing civil service staff onboarding for nursing employees covered by this procedure to be completed prior to performing patient care duties.
  5. Electronic Health Record System (EHRS) training and competency validation to be completed prior to providing and documenting patient care or scheduling in the system, including completion of CCHCS Learning Management System EHRS Modules and designated instructor led training.
    - a. For nursing staff with RN, LVN, or PT licensure.
    - b. For CNAs, OTs assigned to nursing, and MAs.
  6. For staff providing direct patient care, a minimum of four weeks of orientation and shadowing of nursing staff in patient care settings based upon the institution's health care missions during which the following areas will be covered:
    - a. Primary Care Clinics including huddles, nurse face-to-face line, and provider line.
    - b. Triage and Treatment Area.
    - c. Receiving and Release.
    - d. Outpatient Housing Units.
    - e. Correctional Treatment Center and other inpatient care areas.
    - f. Administrative Segregation Unit.
    - g. Specialty areas including Telemedicine, Utilization Management, and Public Health.
    - h. Mental Health including Mental Health Crisis Bed, Psychiatric Inpatient Program, and groups.
    - i. Hospice.
  7. Orientation and shadowing of nursing staff in the specific areas and on the specific watches the new staff will be working.
- (D) Transition to independent direct patient care duties shall begin no earlier than eight weeks after the hire date.
1. New staff shall be located where they can easily access other nursing staff familiar with their job duties for questions and assistance during the initial eight weeks of providing direct patient care.
  2. For the first month after the staff begins independent direct patient care duties, an SRN, other supervisory nursing staff, or designee, or NI shall attend the morning huddles and other meetings or events and debrief with the new nursing staff afterwards to answer questions and provide feedback.
- (E) Within 12 weeks after the new staff hire date, the NI, or designee, in coordination with the institutional CNE, SRN III, and/or II, or US, shall ensure completion of the [Nursing Civil Service Staff Onboarding and Competency Checklist–Nursing Services Topics](#), and the [Nursing Civil Service Staff Onboarding and Competency Checklist–General and Non-Nursing Topics](#), and shall review, sign, and maintain the completed forms in the employee's training file (proof of practice file).
1. If unforeseen circumstances arise that delay the onboarding process and completion of the Nursing Civil Service Onboarding and Competency Checklists, additional time may be provided on a case-by-case basis to complete the onboarding process and the checklists as soon as possible after the 12th week.
  2. If the new nursing staff member is delayed in completing the Nursing Civil Service Staff Onboarding and Competency Checklists, the SRN III and/or II, or US, in coordination with the institutional CNE, may

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provide additional time on a case-by-case basis to complete the onboarding process and the checklists as soon as possible after the 12th week.

**(2) Probationary and Professional Practice/Performance Evaluations**

- (A) The SRN III and/or II, or US, in coordination with the institutional CNE or designee, shall ensure each new nursing staff completes competency skills validations for nursing assessments, processes, and procedures prior to providing patient care for patients who require that assessment, process, or procedure or within the timeframe noted in the Nursing Curriculum Lesson Plan, whichever occurs first after the hire date.
- (B) For staff who have a one year probationary period: In accordance with civil service laws and regulations, the SRN III and/or II, or US shall complete, at minimum, a STD 636, Report of Performance for Probationary Employee, at 4 months, 8 months, and 12 months after hire to assess professional performance and clinical competency.
  - 1. The 12-month STD 636 may be completed as soon as 11 months but no later than 12 months after the hire date.
  - 2. Additional STD 636s may be completed as needed to assess professional performance and clinical competency.
- (C) For staff who have a 6 month probationary period: In accordance with civil service laws and regulations, the SRN III and/or II, or US, shall complete, at minimum, a STD 636 at 2 months, 4 months, and 6 months after hire to assess professional performance and clinical competency.
  - 1. The 6 month STD 636 may be completed as soon as 5 months but no later than 6 months after the hire date.
  - 2. Additional STD 636s may be completed as needed to assess professional performance and clinical competency.
- (D) Two to four weeks prior to the end of the probationary period, the SRN III and/or II, or US, in coordination with the institutional CNE, shall meet to review the probationary and professional practice evaluations and other clinical observations in order to make a recommendation regarding permanent civil service employment.
- (E) A recommendation to reject the staff during the probationary period may occur any time prior to the completion of the final STD 636 if the previous performance evaluations, professional practice evaluations, competency validations, and other clinical observations show significant concerns regarding the staff's performance.
- (F) After the probationary period ends, the SRN III and/or II, or US shall complete, at a minimum, an annual evaluation of the employee's professional performance and clinical competency.

**(3) Maintenance of Onboarding Documents**

Onboarding documents shall be maintained in the employee's proof of practice file including, but not limited to:

- (A) The completed [Nursing Civil Service Staff Onboarding Plan](#), showing the onboarding activities for each day of the onboarding period.
- (B) The completed [Nursing Civil Service Staff Onboarding and Competency Checklist–Nursing Services Topics](#).
- (C) The completed [Nursing Civil Service Staff Onboarding and Competency Checklist–General and Non-Nursing Topics](#).

**(4) Determination of Permanent Civil Service Status**

After completion of the second STD 636, but no later than six weeks prior to the end of probation, the SRN III, SRN II, or US, and institutional CNE shall organize a Performance Review meeting.

- (A) The meeting shall include the following individuals:
  - 1. CNE, or designee.
  - 2. SRN III.
  - 3. SRN II or US.
  - 4. Health Care Employee Relations Officer (ERO) (if there are significant concerns regarding the staff's performance).
  - 5. Regional CNE (if there are significant concerns regarding the staff's performance).
- (B) The purpose of the meeting shall be to discuss the findings and recommendations contained in the probationary and professional practice evaluations, competency evaluations, and other clinical observations in order to make a recommendation about whether to grant permanent civil service status.
- (C) If there are concerns regarding performance of the probationary employee prior to the occurrence of the performance review meeting described in this section, the institutional CNE, SRN III, and SRN II, or US shall notify the Health Care ERO and the regional CNE as soon as issues are identified.

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(D) A recommendation to reject the staff during the probationary period may occur any time prior to the completion of the final STD 636 if the previous performance evaluations, professional practice evaluations, competency validations, and other clinical observations show significant concerns regarding the staff's performance.

**(5) Re-orientation of Nursing Staff (Re-entry Training)**

(A) For staff who are out (e.g., long term sick) but did not separate from service with CDCR:

1. If staff have been out for six months or less, the following is required:
  - a. There must be documentation of previous completion of the [Nursing Civil Service Staff Onboarding and Competency Checklist–Nursing Services Topics](#), and [Nursing Civil Service Staff Onboarding and Competency Checklist–General and Non-Nursing Topics](#).
  - b. Staff must take all missed classes, updates, and mandatory training.
  - c. Skills competency validations shall be completed for the areas in which staff will be working.
2. If staff have been out for six months to one year, the following is required:
  - a. There must be documentation of previous completion of the [Nursing Civil Service Staff Onboarding and Competency Checklist–Nursing Services Topics](#), and [Nursing Civil Service Staff Onboarding and Competency Checklist–General and Non-Nursing Topics](#).
  - b. Staff must take all missed classes, updates, and mandatory trainings including Block and In-Service Training.
  - c. Skills competency validations shall be completed for the areas in which staff will be working.
3. Staff who are out more than one year shall complete the onboarding process in its entirety upon return.

(B) Staff who separate from CDCR, no matter the length of time, shall be required to complete the onboarding process in its entirety.

**(6) Transferring Between Institutions Without a Break in Service or Performing Patient Care Duties at More Than One Institution**

(A) Each CDCR institutional CNE is responsible to ensure that all nursing staff working at that institution are competent to perform all the duties of the position for which the nursing staff has been hired, pursuant to the Health Care Department Operations Manual, Section 1.4.18, Nursing Competency Program.

(B) The SRN III and/or II, or US in coordination with the regional CNE and institutional CNE, may develop an abbreviated [Nursing Civil Service Staff Onboarding Plan](#), for the nursing staff as necessary that takes into account the onboarding, clinical competency, and professional performance evaluations conducted and training provided to that nursing staff at another CDCR institution.

(C) Proof of completion of the onboarding process, clinical competencies, and professional performance evaluations shall be maintained at each CDCR institution. This does not absolve each CDCR institutional CNE from ensuring the clinical competencies and professional performance evaluations are conducted or that nursing staff are competent to perform the duties required in their position.

**References**

- Code of Federal Regulations, Title 45, Chapter A, Subchapter C, Part 164, Subpart E, Section 164.530, Administrative Requirements
- Clark Remedial Plan, *Clark v. California*, United States District Court of Northern California, March 1, 2002
- California Business and Professions Code, Division 2, Chapter 5.4, Section 2544
- California Business and Professions Code, Division 2, Chapter 6, Sections 2700 – 2838.4
- California Civil Code, Title 1.8, Division 3, Part 4, Chapter 1, Article 1, Section 1798, Privacy Awareness
- California Public Records Act, California Government Code, Title 1, Division 7, Chapter 335, Article 1, Sections 6250 – 6270.5
- California Government Code, Title 2, Division 3, Part 1, Chapter 1, Article 1, Section 11019.9
- California Health and Safety Code, Division 2, Chapter 2, Article 9, Section 1337
- California Labor Code, Division 5, Part 1, Chapter 3, Section 6401.7
- California Penal Code, Part 3, Title 1, Chapter 3, Article 1, Section 2602
- California Penal Code, Part 3, Title 7, Chapter 4.5, Section 6007
- California Code of Regulations, Title 8, Subchapter 7, Group 1, Section 3203, Injury and Illness Prevention Program
- California Code of Regulations, Title 8, Subchapter 7, Group 16, Article 109, Section 5194, Hazard Communication

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- California Code of Regulations, Title 15, Division 3, Chapter 2, Subchapter 2, Article 5, Section 3999.225, Health Care Grievances Process
- California Code of Regulations, Title 15, Division 3, Chapter 1, Subchapter 5, Article 4, Section 3435, In-Service Training
- California Code of Regulations, Title 15, Division 3, Chapter 1, Subchapter 4, Article 1.5, Sections 3268 – 3268.2
- California Code of Regulations, Title 16, Division 13, Chapter 3, Article 2, Sections 1366 – 1366.4
- California Code of Regulations, Title 16, Division 14, Article 7, Sections 1470 – 1474
- California Code of Regulations, Title 16, Division 25, Chapter 1, Vocational Nurses
- California Code of Regulations, Title 16, Division 25, Chapter 2, Psychiatric Technicians
- California Code of Regulations, Title 22, Division 5, Licensing and Certification of Health Facilities, Home Health Agencies, Clinics and Referral Agencies
- California Code of Regulations, Title 22, Division 5, Chapter 12, Article 5, Correctional Treatment Centers
- State Administrative Manual, Section 752, Defensive Driver Training
- State Administrative Manual, Section 2590.2, Material Safety Data Sheets
- State Administrative Manual, Section 5300.3, Office of Information Security
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 1, Article 16, Section 13040.7.1, Responsibility of All Employees
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 1, Article 18, Section 14010.7.5, Legal Process – Handling
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 3, Article 2, Sections 31020.7.4, 31020.7.4.1 and 31020.7.4.6
- California Department of Corrections and Rehabilitation, Department Operations Manual, Department Operations Manual, Chapter 3, Article 4, Sections 31040.3.2.14, 31040.3.4.4, 31040.3.5.1 and 31040.3.5.3
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 3, Article 18, Sections 32010.10 – 32010.14
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 3, Article 18, General Training
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 4, Article 45, Sections 49020.4, 49020.7.2 and 49020.7.3
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 5, Article 2, Sections 51020.1, 51020.17.1 and 51020.17.2
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 5, Article 24, Section 52090.6.1, Training Other Staff
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 5, Article 29, Section 53030.6, Institution Social Services
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 5, Article 38, Section 53120.10.6, Orientation/Training
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 5, Article 44, Section 54040.4, Education and Prevention
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 5, Article 52, Section 54090.1, Request for Interview, Item, or Service Policy
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 9, Article 4, Sections 91040.8 – 91040.9
- Health Care Department Operations Manual, Chapter 1, Article 2, Section 1.2.3, Quality Management Program Overview
- Health Care Department Operations Manual, Chapter 1, Article 4, Section 1.4.13, Nursing Services Leadership
- Health Care Department Operations Manual, Chapter 1, Article 4, Section 1.4.18, Nursing Competency Program
- Health Care Department Operations Manual, Chapter 3, Article 1, Section 3.1.8, Reception Center
- Health Care Department Operations Manual, Chapter 3, Article 7, Section 3.7.2, Emergency Medical Response Training Drill Nursing Skills Lab

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- Health Care Department Operations Manual, Chapter 5, Article 1, Section 5.1.2, California Public Records Act Requests
- American Nurses Association, *Standards of Nursing Practice in Correctional Facilities*, Kansas City, Mo., 1985
- American Nurses Association, *Correctional Nursing: Scope and Standards of Practice*, 2<sup>nd</sup> ed. Silver Spring, MD, 2013

**Revision History**

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